



Louisiana Board of Pharmacy

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APPLICATION FOR PHARMACY INTERN REGISTRATION PAGE 1 of 4

INSTRUCTIONS

- 1) Legibly print or type all information except your signature.
- 2) **Attach** a check or money order for \$10 payable to Louisiana Board of Pharmacy.
- 3) **Attach** a legible copy of your birth certificate. (If unavailable attach passport OR naturalization papers).
- 4) If the name you are applying under is different from the name on your birth certificate, passport, or naturalization papers, you must also attach a copy of the document that legally changed your name (marriage license, divorce papers, court judgment); if multiple names, attach a copy of all applicable documents for each name. A driver's license or social security card will not be accepted as proof of a name change.
- 5) **MAIL** this form and all required attachments to the above address; faxed applications will not be accepted.

SECTION 1 – PERSONAL INFORMATION

CURRENT LEGAL NAME (Note: This is the name under which your training registration will be issued.)			
Full First Name:	Full Middle Name:	Full Last Name:	Suffix (Jr, Sr, III, IV, etc.):
List ALL Other Names By which You Have Ever Been Known By (Maiden, Married etc.)			
Social Security Number:		Date of Birth (MM/DD/YYYY):	
Present Age:	Place of Birth (City & State/Country):	Gender:	Ethnicity (La. R.S. 23:1871):

SECTION 2 – CONTACT INFORMATION

Mailing Address (Enter only one address. This should be the address where you receive your mail):			
City:	State:	Zip:	Parish of Residence:
E-mail Address (Optional - Enter only one address):			
Home Telephone: ()	Work Telephone: ()	Other Telephone: ()	

Applicant Name: _____ Applicant Social Security # _____

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SECTION 3 – FOREIGN PHARMACY GRADUATE EXAMINATION COMMITTEE (FPGEC)

Do you hold a FPGEC Certificate?	<input type="checkbox"/> Yes	If "Yes," enter your EE number here _____ Attach a legible copy of your FPGEC Certificate Proceed to Section 5
	<input type="checkbox"/> No	Skip this section and proceed to Section 4

SECTION 4 – COLLEGE OF PHARMACY INFORMATION

Name of ACPE-approved College of Pharmacy:	Year in Professional Program:
NOTE: If you are attending a college of pharmacy located outside the state of Louisiana, you must contact your college of pharmacy and request that they provide the Louisiana Board of Pharmacy with your current status in the professional program at your college before we may issue a Pharmacy Intern Registration. This information is automatically provided by the college of pharmacy for students attending a college of pharmacy located in Louisiana.	

SECTION 5 – OTHER LICENSES / REGISTRATIONS

Are you now, or have you ever been, licensed in the United States as a pharmacist? If "Yes," do not submit this application; you do not qualify for this registration.			<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you now or have you ever been licensed, registered, certified or otherwise approved to practice or assist in the practice of pharmacy in any state or jurisdiction?			<input type="checkbox"/> No <input type="checkbox"/> Yes
If you answered "Yes" to the above question, list each jurisdiction below then contact each agency/board and request that they provide the Louisiana Board of Pharmacy with a letter stating the current status of your license/registration/certification with them, including whether or not you were / are the subject of disciplinary action. Attach additional pages, if necessary.			
License/registration issued by the following jurisdiction:	License #:	Expiration Date:	Has there been disciplinary action against this license? <input type="checkbox"/> No <input type="checkbox"/> Yes
License/registration issued by the following jurisdiction:	License #:	Expiration Date:	Has there been disciplinary action against this license? <input type="checkbox"/> No <input type="checkbox"/> Yes

Applicant Name: _____ Applicant Social Security # _____

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SECTION 6 – IMPAIRMENTS and/or DRUG / ALCOHOL ADDICTIONS

Have you <u>EVER</u> habitually used or been diagnosed as addicted to drugs or alcohol?	_____ No _____ Yes
Have you <u>EVER</u> been diagnosed with or do you have any physical or mental impairment, which may affect your ability to practice safely as a pharmacy intern?	_____ No _____ Yes

If you answered “Yes” to ANY of the questions in Section 6, you must attach a letter of explanation.

SECTION 7 – CRIMINAL ACTIVITY / DISCIPLINARY ACTIONS

La R.S. 37:1216 requires the Board to conduct a criminal history check on applicants as a condition for eligibility for licensure. Upon receipt of your properly completed application, you will be provided with the materials needed to conduct a criminal record search with the Louisiana Department of Public Safety and the Federal Bureau of Investigation (FBI). Criminal history reports generated for or by another agency will not be accepted to satisfy this requirement.

YOUR CREDENTIAL WILL NOT BE ISSUED UNTIL THE RESULTS OF THIS RECORD SEARCH HAVE BEEN RECEIVED.

NOTE: Failure to disclose criminal history is grounds for immediate denial of your application, EVEN IF THE RECORDS HAVE BEEN EXPUNGED.

Have you <u>EVER</u> been arrested in any state?	_____ No _____ Yes
Have you <u>EVER</u> had any disciplinary or adverse action taken against you by any other government agency or court in any state?	_____ No _____ Yes
Are you currently charged with the commission of a felony in any state?	_____ No _____ Yes
Have you <u>EVER</u> been convicted of a felony in any state?	_____ No _____ Yes

If you answered “Yes” to ANY of the questions in Section 7, you must attach a letter of explanation and a **CERTIFIED COPY** of the court judgment in the case for EACH incident.

If charges were dismissed, provide a letter from the appropriate agency confirming dismissal of the charges.

Applicant Name: _____ Applicant Social Security # _____

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SECTION 8 – PHOTOGRAPH IDENTIFICATION

- Staple a RECENT passport size (2 inch x 2 inch) fade-proof photograph in the block at the right using one staple at the top and one at the bottom of the photo. Do not use glue or tape.
- Photograph must show a CLEAR likeness of the applicant's head and shoulders.
- Photograph should include the applicant only.
- Photographs reproduced on a black and white copy machine are not acceptable.
- Do not submit a photograph that is on an identification card or has been cut from an identification card.

Date of Photograph _____, 20_____.

**Staple one recent
passport size (2"x2")
fade-proof
photograph
in this block using the
guidelines at the left.**

SECTION 9 – AFFIDAVIT

STOP! This section may only be completed in the presence of a Notary Public.

I, _____, being duly sworn, attest to the following statements:
(Print Applicant's Name)

- I hereby apply for a Pharmacy Intern Registration
- I am the person referred to in this application and that the photograph attached in Section 8 is a true likeness of me.
- Statements herein contained are true and correct in every respect.
- I further understand that falsification of any information contained on this application and/or any attachments will result in denial of my application.
- I have read and understand this affidavit.

Sworn before me this _____ day of _____, 20_____

Signature of Applicant

Signature of Notary Public

(SEAL)
Imprint This
Sheet Only

County or Parish: _____

State of: _____

Commission Expires: _____